IPDR6702				NORTH CAROLINA		PAGE	: 1	
RUN DATE:	06/05/2006			CHECKWRITE SUMMARY REPORT ECKWRITE DATE: 06/06/2006				
	1	T	Ch	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NOMBER	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	376	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	H/DD/SAS			NI DODGE				
		191	78	CLIENT ID NUMBER DOES NOT MATC			2025	4000
				H PATIENT NAME	0	640	2036	1396
		11	77	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404904	WESTERN HIGHLAN DS LME	8505	2060	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	DO 18411							
		8800	67	FURTHER PROCESSING NECESSARY,	0	2298	3506	1208
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUTURE RA'S.				
		120	61	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404910	DAMININA V.C.	8505	6927	CLAIM DENIED DUE TO INSUFFICIE				
3404310	PATHWAYS	5565	0327	NT BUDGET				
		8800	706	FURTHER PROCESSING NECESSARY,	2	8069	14471	6113
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	191	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM	8505	152	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		11	101	CLIENT NOT ELIGIBLE ON SERVICE DATE	5	336	5854	5518
				DATE				
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404913	MECKLENBURG COM	8599	2813	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	1419	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	895	7775	24239	16464
				PROVIDER. PLEASE VERIFY THE F				
		8518	909	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404916	CROSSROADS BEHA	8599	45	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			BENEFIT PACKAGE.				
		537	42	PROCEDURE IS NOT COVERED FOR T	0	160	3216	3056
				HIS DATE OF SERVICE	0	100	3210	3030
		79	40	THIS SERVICE IS NOT PAYABLE TO				
		+		YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
2404017		21	1070					
3404917	CENTERPOINT HUM AN SERVICES	21	1373	DUPLICATE OF CLAIM-SYSTEM				
		8599	972	DETAIL NOT COVERED BY COMBINAT	325	3607	13353	9746
				ION OF RECIPIENT, PROVIDER AND	,			
				DEMPETE DACVACE				
				BENEFIT PACKAGE.				
		8537	462	PROCEDURE IS NOT PAYABLE FOR Y				
		8537	462					

PROVIDER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	DOGETYCHAN GO M	0	0	*** NO DATA TO REPORT ***				
	ROCKINGHAM CO M ENTAL HEALT							
		0	0		0	0	0	0
3404919	GUILFORD CO MEN	8599	2	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	3	774	771
				PROVIDER TYPE AND SPECIALTY IN				
3404920	ALAMANCE CASWEL	8599	1738	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	930	THIS SERVICE IS NOT PAYABLE TO	400	44.60	40574	
			330	YOUR SUBMITTED BILLING	182	4168	10571	6403
				PROVIDER TYPE AND SPECIALTY IN				
		21	589	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C	8505	2666	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
	naman area							
		8599	969	DETAIL NOT COVERED BY COMBINAT	47	6735	14751	8016
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	749	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	8329	940	CLAIM DENIED ATTENDING PROVIDE				
	ER			R CANNOT BE THE SAME AS				
				THE LMA				
		8535	818	SERVICE FACILITY LOCATION WAS	40	2945	6848	3903
				NOT INCLUDED IN YOUR 837.	40	2945	6848	3903
				PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	766	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	11	717	CLIENT NOT ELIGIBLE ON SERVICE				
	FIVE COUNTY MH			DATE				
		8599	188	DETAIL NOT COVERED BY COMBINAT	0	1232	6867	5635
	1	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			
				DENSE LE FRONTOSE.				
		537	128	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
	1	1			1			
3404925	SANDHILLS CENTE	8505	1922	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		1			1			
		8599	423	DETAIL NOT COVERED BY COMBINAT	93	3813	22666	18853
				ION OF RECIPIENT, PROVIDER AND	33	5013	22300	20033
				BENEFIT PACKAGE.				
	1				1			
		21	335	DUPLICATE OF CLAIM-SYSTEM				
	1	1			1			
		1			1			
2404026	SOUTHEASTERN RE	5404	3774	SEVERE DUPLICATE: SAME ATTD PR				
3404926	G MENTAL HL			OV/PCODE/TOS/DOS/MOD				
3404926								
3404920								
3404920								
3404926		8599	1314	DETAIL NOT COVERED BY COMBINAT	739	8115	18455	10340
3404926		8599	1314	ION OF RECIPIENT, PROVIDER AND	739	8115	18455	10340
3404926		8599	1314		739	8115	18455	10340
3404926		8599	1314	ION OF RECIPIENT, PROVIDER AND	739	8115	18455	10340
3404920				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	739	8115	18455	10340
3404920				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	739	8115	18455	10340

	T	1	1		Г	1	Γ	
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	DROUTDER MANE	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME		-		DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8505	202	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	43	DETAIL NOT COVERED BY COMBINAT	1	357	3623	3266
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	42	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404929	T DD 112 DATEMEN AND /	0	0	*** NO DATA TO REPORT ***				
	LEE HARNETT MH/ DD/SAS							
	557 0110							
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY	8599	56	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	28	60 pecinemetal level ili mpeam				
		0021	28	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED	28	156	415	259
				MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8935	18	ASTNC INELIGIBLE TO RECEIVE SE				
		1		RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	21	819	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		8518	265	CLAIM DENIED, SUBMITTED BEYOND	149	2049	14537	12488
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	262	DETAIL NOT COVERED BY COMBINAT				
			-	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT	120	127	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	60	DETAIL NOT COVERED BY COMBINAT	2	356	5922	5566
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		1.42	40	OLITHUM TO WINDER NOT ON OWNER				
		143	40	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
				BBIOLDIBITI TIBE				
3404934	ONSLOW CARTERET	11	1062	CLIENT NOT ELIGIBLE ON SERVICE				
	BEHAV HEAL	1		DATE				
		İ						
		21	367	DUPLICATE OF CLAIM-SYSTEM	2	1878	4953	3075
		2522	224					
		8599	334	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENELL FRONTOE.				
3404935	MAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
+	WAYNE CO MENTAL HEALTH CTR	1						
+	MADIN CIN	1						
		1						
		0	0		0	0	0	0
	WILSON-GREENE M	21	1029	DUPLICATE OF CLAIM-SYSTEM				
			1					
	ENTAL HEALT						I .	I
		142	60	ALTENA IN WINDER NOW ON THE				
		143	60	CLIENT ID NUMBER NOT ON STATE	26	1152	5684	4532
		143	60	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	26	1152	5684	4532
		143	60		26	1152	5684	4532
			60	ELIGIBILITY FILE	26	1152	5684	4532
		143		ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT	26	1152	5684	4532
				ELIGIBILITY FILE	26	1152	5684	4532

	+	HIGH DENIAL	NUMBER OF		marc	moma r	TOTAL	TOTAL
PROVIDER	+	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
ONDER	PROVIDER NAME	EUDS	PENTAD	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
1404937	EDGECOMBE NASH	21	120	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
	T	1						
-		537	6	PROCEDURE IS NOT COVERED FOR T	1	142	1872	1730
				HIS DATE OF SERVICE				
		0540	-					
		8518	5	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	+			FISCAL YEAR DOS (JULY 1 - JUNE				
	-			FISCAL TEAR DOS (JULI I = JUNE				
3404938		0	0	*** NO DATA TO REPORT ***				
.404550	VGFW DBA RIVERS			no billi to italoni				
	TONE COUNSE							
	-							
		0	0		0	0	0	0
					_	-	-	
3404939	NEUSE MENTAL HE	8505	79	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
		8326	37	ATTENDING PROVIDER NUMBER IS R	0	205	1699	1494
	1	1		EQUIRED WHEN BILLED WITH GROUP				
		4	1	NUMBER. ADD ATTENDING NUMBER A				
		0500	22	DEFEATA NOT COMPAND BY COMPAND				
	+	8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	+	1	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+	+	 	DENELL FROMPOSE.				
3404941	DTMM CO MI / /-	21	2487	DUPLICATE OF CLAIM-SYSTEM				
	PITT CO MH/DD/S	+ '	1				1	
	AS CENTER	+						-
	+	+						-
	+	8599	1119	DETAIL NOT COVERED BY COMBINAT	2	5626	10396	4770
				ION OF RECIPIENT, PROVIDER AND	_	3020	10330	4770
				BENEFIT PACKAGE.				
		143	1082	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404942	ROANOKE CHOWANH	23	18	SERVICE REQUIRES PRIOR APPROVA				
	UMAN SERVIC			L				
		21	11	DUPLICATE OF CLAIM-SYSTEM	12	59	618	559
		8599	9	DETAIL NOT COVERED BY COMBINAT				
		0333	_	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	+							
3404943	ALBEMARLE MENTA	21	915	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE	+	<u> </u>					-
		1						
	+	+	1					
	1	8599	183	DETAIL NOT COVERED BY COMBINAT	112	1343	3911	2568
	†			ION OF RECIPIENT, PROVIDER AND	111	-545	-511	
				BENEFIT PACKAGE.				
		8931	61	AMTNC INELIGIBLE TO RECEIVE SE				
	4	1		RVICES IN IPRS.				
	4	1	_					
404044		54	5255	DUDY TOURS OF CLAYIN OVERS.				
3404944	EASTPOINTE HUMA	21	5755	DUPLICATE OF CLAIM-SYSTEM				1
	N SERVICES	+	1					
	+	1	1					
	+	8534	1543	SERVICE FACILITY LOCATION IS N				
		0334	-747	OT A VALID IPRS ATTENDING	49	10652	20105	9453
		1	 	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
						1		
								1
		8599	1428	DETAIL NOT COVERED BY COMBINAT				
		8599	1428	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		8599	1428	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8599	1428	ION OF RECIPIENT, PROVIDER AND				
3404946	POOTHTIIS SPEAM	8599	1428	ION OF RECIPIENT, PROVIDER AND				
3404946	FOOTHILLS AREAM			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	188	13230	21166	7936
3404946		21	5091	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	188	13230	21166	7936
3404946		21	5091	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLAIM DENIED DUE TO INSUFFICE	188	13230	21166	7936
3404946		21	5091	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLAIM DENIED DUE TO INSUFFICE	188	13230	21166	7936
404946		21	5091	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	188	13230	21166	7936
1404946		21 8505	5091 3504	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	188	13230	21166	7936

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	179	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8518	106	CLAIM DENIED, SUBMITTED BEYOND	19	414	3487	7 3073
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	70	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	11	240	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		8599	124	DETAIL NOT COVERED BY COMBINAT	1	427	1441	1014
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
1		21	60	DUPLICATE OF CLAIM-SYSTEM	1			